TRA	OF CALIFO VEL 32 A (REV.	EXPENSE CLAIM				tructions ent On F				Page	·	of	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Pages
	NT'S NAM		<del></del>			: 1					DEPAR	TMENT		
IV	laziar	Movassaghi				i					Toxic	c Substa	ances C	ontrol
POSITION					UMBER	DIVISION OR BUREAU						- ····	INDEX NUMBER	
Acting Director					R			cutive	Office	e '			<u>, 50</u>	000
							100° ARTERS	odress 1 I Stre	et	•	<i>-</i>	•		
						Sacramento					STATE CA		ZIP CODE 95814	
(1) MONTH		(3)	(4)	(5)	MEALS	,	(6)	(7)	TR/	ANSPORTAT	ION		(8)	(9)
Dec	2009	LOCATION			j J	O.T., L/T,		(A)	(B)	(C)		(D)	BUSINESS	
(2)		WHERE EXPENSES	LODGING	1		N/C, RELO. DINNER	Į.	COST OF		CARFARE,	PRIVA	TE CAR USE	EXPENSE	
DATE	TIME	WERE INCURRED		FAST	LUNCH	DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT		FOR DAY
12/6	14:00	Residence to Oakland	135.66			18.00			SC					153.60
12/7		Participant and Speaker at:		6.00	10.00		6.00						. !	22.00
		Business NGO Working	Group for	Safer C	Chemical	s and Su	stainabl	e Materia	als .				j.	
12/7	16:10	Oakland to Office (Headqu							4.00				4.00	
									:		,	:		
				·								4		
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						!	l -:			<del>.</del>	· · · ·	· · · · · · · · · · · · · · · · · · ·	·	
.			1	1			1							

(11) PURPOSE OF TRIP, REMARKS AND DETAILS(Attach receipts/vouchers when required)

135.66

6.00

10.00

SUBTOTALS

**CLAIM TOTAL** 

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AC	AMOUNT	OBJ AO	AMOUNT	т	OTAL
8:00 AM - 5:00 PM	95080			292	175.66	295	4.00	. :					\$179.66
(13) PRIVATE VEHICLE LICENSE No.			!										
7PGL740						•							
(14) MILEAGE RATE CLAIMED			1					:					
/mile											,		
HE AGENGY AGE TUNING								,		. :			
AGENCY/ACCOUNTING					Ì								
PAID BY REV. FUND CHECK No.									•				
	•		1:					:					
	TOTALS				175.66	4.00							\$179.66

18.00

6.00

4.00

179.66

\$179.66

<sup>(15)</sup> I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat helt usage.